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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Lin, Kenny S.

Firm: U.S. Patent and Trademark Office
Art Unit 2154

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: May 18, 2006

Re: FLH Ref No.: 450100-04866
Serial No: 10/076,090

Number of Pages: 8
(including cover page)

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00337623

PATENT
450100-04866

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Giovanni M. Agnoli, et al.
Serial No.: 10/076,090
For : SYSTEM AND METHOD, AND COMPUTER PROGRAM PRODUCT
FOR MEDIA PUBLISHING REQUEST PROCESSING
Filed : February 15, 2002
Examiner: Lin, Kenny S.
Art Unit : 2154

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Percent extra	(6) Rate	(7) Additional Fee
Total claims	1	Minus	** = 38	* 0 x	\$50 (25)	= \$ 0
Independent claims	1	Minus	*** = 11	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$___ is attached, which covers the cost of ☐ additional claims ___ petition for extension of time.
- ☐ Charge \$___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on May 18, 2006.

Barnet Shindelman

(Name of person signing transmittal)



Signature

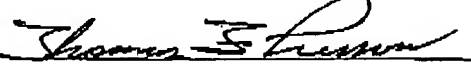
May 18, 2006

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


Thomas F. Presson
Reg. No. 41,442
Tel: 212-588-0800

00372929

U.S. Appln. No. 10/076,090
Reply to Final Office Action dated March 20, 2006

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PUBLISHING REQUEST PROCESSING
Filed : February 15, 2002
Examiner : Lin, Kenny S.
Art Unit : 2154
Confirmation No : 8666

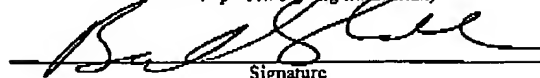
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Barnet Shindlman

(Name of person signing transmittal)



Signature

May 18, 2006

Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.116

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed on March 20, 2006, having a three-month statutory period for response set to expire on June 20, 2006, please amend the above-identified application as follows.

U.S. Appln. No. 10/076,090
Reply to Office Action dated October 20, 2005

PATENT
450100-04866

Amendments to the Claims are reflected in the listing of claims, which begins
on page 3 of this paper.

Remarks/Arguments begin on page 5 of this paper.